

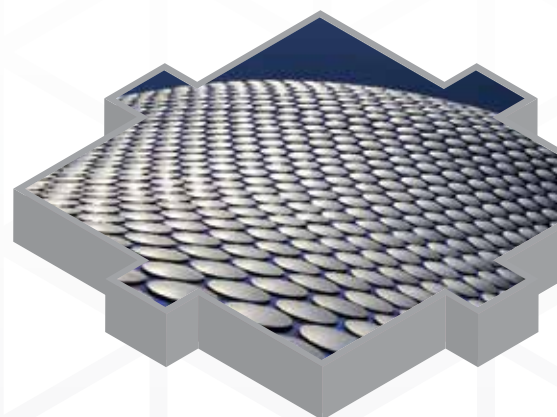


# Beyond barriers

How older people move  
between health and social  
care in England

**APPENDIX**

JULY 2018



# About the Care Quality Commission

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## Our purpose

The Care Quality Commission is the independent regulator of health and adult social care in England. We make sure that health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

## Our role

We register health and adult social care providers.

We monitor and inspect services to see whether they are safe, effective, caring, responsive and well-led, and we publish what we find, including quality ratings.

We use our legal powers to take action where we identify poor care.

We speak independently, publishing regional and national views of the major quality issues in health and social care, and encouraging improvement by highlighting good practice.

## Our values

**Excellence** – being a high-performing organisation

**Caring** – treating everyone with dignity and respect

**Integrity** – doing the right thing

**Teamwork** – learning from each other to be the best we can

# Review tools

**Each local system review used a set of evidence-gathering tools, developed specifically for the local system review programme, to support the review team in their planning activities, lines of enquiry, and findings.**

## Data profile

CQC analysts developed a data profile for each local system, primarily as an internal tool to support the review team undertaking the fieldwork. The data profile highlights performance across primary and secondary healthcare as well as adult social care. It included data on ratings, activity, provision, workforce, funding and the experiences of people who use services.

The data profile featured analysis undertaken by the Department of Health and Social Care that was used to select the 20 review areas, as well as analysis of CQC data and other national data collections. Whilst not a review of local authorities in isolation, the geographical boundary of these data profiles was set to local authority (LA). Where we could not source data at LA level, it was either aggregated up from a lower level and/or mapped to the relevant LA.

Statistical analysis was undertaken on some measures within the profile to determine whether the selected LA was statistically significantly better or worse compared to the national average. Where possible, we also compared data for the selected LA to its 'comparator group'. The comparator group was made up of the 15 LAs deemed 'most similar' to the LA of interest using the Chartered Institute of Public Finance and Accountancy's Nearest Neighbours model.

To aid the review team in interpreting and using the data profile, analysts held a briefing session with the review team ahead of each review to present the data profile and highlight particularly note-worthy findings.

## System overview information request (SOIR)

The system overview information request provided local systems an opportunity to give their perspective on how their system worked for older people moving between health and care, as well as providing some contextual information. It consisted of 15 open-ended questions covering five topics:

- Background to the local system
- Experience of people who use services, their families and carers
- Market-shaping
- Integrated service delivery
- Monitoring performance and progress

The SOIR was sent to the system's nominated contact in week one of the review process to coordinate its completion and administrate its return on behalf of the system. They were also asked to provide a key stakeholder contacts lists as part of this return. Responses were received prior to the site visit and used by the review team to inform the on-site activity and findings of the review.

## Stakeholder call for evidence

The stakeholder call for evidence provided an opportunity for local voluntary, community and social enterprise (VCSE) sector organisations to submit evidence on the experiences of older people moving between health and social care services in their areas. It consisted of open ended questions addressing the three spheres of the overall methodology: maintaining, crisis and return.

The call for evidence was sent out to VCSE contacts via email in week one of the local system review process. Contacts were identified through CQC's public engagement team, who maintain a contact list of relevant VCSE organisations. Some additional organisations were identified through the key stakeholder contacts supplied to us in the SOIR.

Responses were received prior to the review and were analysed for key themes and summarised alongside findings from the focus groups and interviews conducted in the week three site visit. A briefing document with this evidence was presented to the CQC review team ahead of the review.

## Relational audit

The relational audit is a way of measuring the health and quality of relationships between people working within a system. It is based on two conceptual frameworks: relational value and relational proximity. These address different aspects of effective relationships, for example trust, communication and shared aims.<sup>1</sup>

We used a bespoke scorecard developed from these frameworks to measure the health of relationships between people working within each of the 20 local systems.

A link to the scorecard was emailed out by CQC in week two of the local system review process to the list of key stakeholder contacts supplied to us in the SOIR. System contacts were asked to cascade the scorecard via email to staff in their organisations.

Respondents were asked to rate 35 statements about relationships in their system on a six point scale from 'Consistently not true' to 'Consistently true'. They were also asked to give an indication of the type of organisation they work in, their role type, length of service in the system, and there was a short free text comment box if they wished to add any comments relating to their responses.

The scorecard was open for approximately two weeks. After the deadline the responses were extracted, analysed and summarised in a briefing document that was presented to the review team ahead of the review. Statement ratings were converted into scores from 0-5 and averages calculated across the two frameworks, and for individual statements. Free-text comments were reviewed for common themes.

## Discharge information flow tool

The discharge information flow tool is a short online questionnaire that was used to gather feedback from adult social care providers around the information flow during discharges from hospitals to social care.<sup>2</sup> The tool was designed specifically for the local system reviews, based on evidence from the Professional Record Standards Body for Health and Social Care.

The tool was sent to the registered managers of all active registered adult social care locations that provide care to older people within each review area. The registered managers were emailed a link to the tool by CQC in the first two weeks of the review process and the tool was open for two weeks.

The questions covered the following areas:

- Involvement in discharge process
- Receipt of discharge summaries
- Format of discharge summaries
- Timeliness of discharge summaries
- Quality, accuracy and trust in discharge summaries
- Comprehensiveness of discharge summaries

After the deadline the responses were extracted, analysed and summarised in a briefing document that was presented to the CQC review team ahead of the review. Quantitative data were summarised categorically with numbers and percentages and free-text comments were reviewed for common themes.

<sup>1</sup> Further detail can be found in the accompanying annexe for the relational audit.

<sup>2</sup> Further detail can be found in the accompanying annexe for the discharge information flow tool.

## Pathway tracking

We reviewed the care records of people who have used primary and secondary healthcare services and adult social care to understand their experience and how well the system works together to provide joined up health and social care.

We asked local authorities to identify six people based on criteria (including geographical area, age and features of their pathways).

We reviewed the case notes during the on-site fieldwork, paying particular attention to the person's pathway as they moved across health and social care. Observations from the pathway tracking were anonymised and compiled into summary documents that were included as part of the evidence base for the review findings.

## 'I' Statements

An 'I' statement is a style of communication that focuses on the feelings or beliefs of people who use services, expressing what good care and support means to them. A list of 37 'I' statements were developed with the group Think Local, Act Personal, and are used within interviews and focus groups with people who work in systems as well as with people who use services, their families and carers.

# Evidence for this report

## Analysis of local system review reports

We analysed the published reports from 18 of the 20 local system reviews to identify the themes from across the local system review programme. The final two local system reports (Stockport and Northamptonshire) were not available at the time of analysis, but were subsequently reviewed to ensure their findings were reflected in the messages of this report.

A thematic analysis approach was taken. In line with the overall programme methodology, analysis focused around the three spheres: maintaining, crisis and return. We looked at the pressure points that sit beneath these spheres, and the system leadership factors that overarch them.

Analysis software MaxQDA was used to code the reports and assist with the analysis. A coding framework was developed using a combined top-down and bottom-up approach. This allowed us to structure our analysis around the key lines of enquiry for the programme, whilst allowing for additional topics and unconsidered factors to be identified. A detailed analytical report was produced and used as part of the evidence base for this report.

## Analysis of national data

Quantitative analysis for the national report builds on the analysis completed for the local system data profiles (page 7), but other supplementary sources were looked at in addition. Analysis focused on the change over time across England and local authorities. The performance of the 20 selected review areas was compared to national performance.

Correlation testing (Spearman's Rank Correlation Coefficient) was carried out to test for associations between variables at LA-level. Due to time constraints, we selected only a few measures that could influence pressures at the front door and back door of hospital pathway to test. The tests do not control for other

variables that could influence the associations we observed, they have been included to elicit discussion and further investigation and do not determine causality.

## Analysis of the relational audit and discharge information flow tool

We analysed the findings from the relational audit and the discharge information flow tool across the 20 review areas.

The full methodology and findings from our analysis of the relational audit across the 20 reviews can be found in the accompanying report.

The full methodology and findings Full findings from our analysis of the discharge information flow tool across the 20 reviews can be found in the accompanying report.

## Expert input

The analytical findings have been corroborated and in some cases supplemented with expert input from our local system review team, specialist advisors and analysts to ensure that the report represents what we saw during the local system reviews.

An expert advisory group was formed to support the development of this report. Membership of the group included commissioners, providers, national bodies and people who use services. The expert advisory group met three times during the production of this report where we shared the emerging findings from the programme and facilitated discussions. This ensured that stakeholders could contribute expertise and insight to inform the development, publication and ongoing impact of the report.

## Other evidence

Where we have used other evidence and analysis we have referenced the sources throughout the report.

# Local authority data profiles

## Background

This document details the measures developed and/or collated by CQC within the data profile designed to support CQC's local system review of the health and social care service interface for older people. These profiles were primarily designed as an internal tool to support our review team who, alongside the data profile, gathered and considered other sources of evidence to inform their activities and findings in each local system we reviewed.

However, we have received feedback that these data profiles are useful and CQC is evaluating and developing the profiles further to support other CQC cross-sector and system work. We welcome further feedback and suggestions to aid our evaluation and development of these profiles as a tool to help understand system performance. Please direct feedback to [localsystemdata@cqc.org.uk](mailto:localsystemdata@cqc.org.uk).

## Data profile

The data profile draws on analysis undertaken by the Department of Health and Social Care to select areas for the Local System Review as well as analysis of CQC data and other national data collections to try to better understand performance within and across health and care systems within a local area.

While not a review of local authorities in isolation, the geographical boundary of these data profiles has been set to that of the local authority as this geography was used to select areas for this review. Consequently, many of the measures within the profile are presented at LA level. Where data could not be sourced at this level, it has either been aggregated up from a lower level and/or mapped to the relevant LA.

## Statistical analysis

Statistical analysis was undertaken on some of the measures within the profile to determine whether the LA of interest was statistically

significantly better or worse compared to the national average.

Where we could transform the data into a standard normal distribution we generated z-scores to measure how far the observed value of the selected LA deviated from the national average or mean. The z-score reflects the number of standard deviations from the mean, after winsorising the data at the 10% level and controlling for over-dispersion.

Where an LA's z-score was greater than 2 or less than -2 it was said to be either significantly better or significantly worse than the national average. Organisations were excluded from statistical analysis if their values were too low – for proportional data, denominators must be a minimum of 30.

The analysis both the Department of Health and Social Care and CQC undertook using data from Hospital Episode Statistics used non-standardised figures that did not take into account variations in population characteristics such as age or sex that may have influenced performance.

## Comparator groups

Where possible, information for the LA of interest was presented alongside information for its comparator group as well as the national average. The comparator group was made up of the 15 LAs deemed most similar to the LA of interest. These 15 areas were drawn from the Chartered Institute of Public Finance and Accountancy's Nearest Neighbours model (data downloaded on 04/05/2017). This model identifies the 15 local authorities that are most similar to a selected LA, based on 39 variables that cover population size and density, age, gender, ethnicity makeup, deprivation, employment and housing.

## DATA PROFILE CONTENTS

Indicator name	Source	Time Period
Age profile – percentage of population aged 65 and over	Census data via Nomis	Most recent estimates
Ethnicity profile – percentage of population categorised as White	Census data via Nomis	Most recent estimates
Deprivation level – average IMD score	Department of Communities and Local Government	Most recent available (2015)
CQC area ratings scores, by sector	CQC data warehouse (HES/MHSDS activity for acute and mental health trust weightings)	As at point of extraction from CQC data warehouse HES/MHSDS most recent 12 month period
CQC provider/location ratings within the local authority area	CQC data warehouse (HES/MHSDS activity for acute and mental health trust activity from selected LA)	As at point of extraction from CQC data warehouse HES/MHSDS most recent 12 month period
Change in CQC ratings between current and first rating	CQC data warehouse	As at point of extraction from CQC data warehouse
LA to Clinical Commissioning Group (CCG) mapping & most recent NHS England (NHSE) CCG ratings	Health and Wellbeing Boards (HWBs) mapping to CCGs – NHSE Better Care Fund ( <i>provided directly by NHSE to CQC</i> ) NHSE annual assessment rating of CCGs	2016/17 Q4 Better Care Fund mapping NHSE annual CCG rating
Quarterly rate of A&E attendances per 100,000 population aged 65+	Hospital Episode Statistics, Office for National Statistics (ONS) mid-year LA population estimates	Three-year trend
Quarterly percentage of A&E attendances of people aged 65+ who were referred by a GP	Hospital Episode Statistics	Three-year trend
Quarterly percentage of A&E attendances of people aged 65+, referred by GP that are discharged without follow-up (i.e. not admitted to hospital)	Hospital Episode Statistics	Three-year trend
Quarterly rate of A&E attendances of people aged 65+ from care homes per 100,000 population aged 65+	Hospital Episode Statistics, ONS mid-year LA population estimates	Three-year trend



Indicator name	Source	Time Period
Quarterly percentage of A&E attendances of people aged 65+ from care homes who were referred by GP	Hospital Episode Statistics	Three-year trend
Quarterly percentage of A&E attendances of people aged 65+ from care homes, referred by GP that are discharged without follow-up (i.e. not admitted to hospital)	Hospital Episode Statistics	Three-year trend
Percentage of A&E attendances admitted, transferred or discharged within 4 hours	NHSE	Three-year trend
Emergency Admissions (65+) per 100,000 65+ population	Department of Health and Social Care: NHS-Social Care Interface Dashboard	12-month snapshot
Quarterly rate of emergency admissions per 100,000 population aged 65+	Hospital Episode Statistics, ONS mid-year LA population estimates	Three-year trend
Quarterly rate of emergency admissions from care homes per 100,000 population aged 65+	Hospital Episode Statistics, ONS mid-year LA population estimates	Three-year trend
90th percentile of length of stay for emergency admissions (65+)	Department of Health and Social Care: NHS-Social Care Interface Dashboard	12-month snapshot
Quarterly percentage of emergency admissions of people aged 65+ that last longer than 7 days	Hospital Episode Statistics	Three-year trend
Quarterly percentage of emergency admissions from care homes for people aged 65+ that last longer than 7 days	Hospital Episode Statistics	Three-year trend
Proportion of discharges (following emergency admissions) which occur at the weekend	Department of Health and Social Care: NHS-Social Care Interface Dashboard	12-month snapshot
Quarterly percentage of emergency readmissions within 30 days of discharge for people aged 65+	Hospital Episode Statistics	Three-year trend
Quarterly percentage of emergency readmissions within 30 days of discharge for people aged 65+ living in care homes	Hospital Episode Statistics	Three-year trend
Rate of avoidable admissions from care homes per 100,000 population aged 65+	Hospital Episode Statistics ONS mid-year population estimate	12-month snapshot

Indicator name	Source	Time Period
Total delayed days per day per 100,000 18+ population	Department of Health and Social Care: NHS-Social Care Interface Dashboard	Three-month snapshot
Monthly average daily rate of delayed transfers of care per 100,000 population aged 18+	NHSE ONS mid-year LA population estimates	Monthly trend from April 2015
Trust breakdown of monthly average daily rate of delayed transfers of care within the LA per 100,000 18+, per trust	NHSE ONS mid-year LA population estimates	Two-year trend
Rate of delayed transfers of care attributable to NHS/social care/ Both per 100,000 population aged 18+	NHSE ONS mid-year LA population estimates	Three-month snapshot
Rate of delayed transfers of care, broken down by reason for delay, per 100,000 population aged 18 +	NHSE ONS mid-year LA population estimates	Three-month snapshot
Proportion of older people (65 and over) who are discharged from hospital who receive reablement/ rehabilitation services	Department of Health NHS-Social Care Interface Dashboard	12-month snapshot
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Department of Health NHS-Social Care Interface Dashboard	12-month snapshot
Proportion of older people (65 and over) who are discharged from hospital who receive reablement/ rehabilitation services	Adult Social Care Outcomes Framework (ASCOF)	six-year trend
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	ASCOF	six-year trend

Indicator name	Source	Time Period
NHS continuing healthcare (CHC) metrics at CCG level: <ul style="list-style-type: none"> <li>• Number of people eligible for NHS CHC per 50,000</li> <li>• Number of NHS CHC referrals exceeding 28 days (standard NHS CHC only) per 50,000 (as at the last day of the quarter)</li> <li>• Assessment conversion rate per 50,000</li> <li>• Referral conversion rate per 50,000</li> <li>• Percentage of decision support tools (DSTs) completed in acute setting</li> </ul>	NHSE	Quarterly trend over a year
Number of personal health budgets and direct payments per 50,000 at CCG level	NHSE	One year
Percentage of older people using social care services that receive direct payments	ASCOF	Three-year trend
Ambulance systems indicators: <ul style="list-style-type: none"> <li>• Proportion of red 1 calls responded to within 8 minutes</li> <li>• Proportion of red 2 calls responded to within 8 minutes</li> <li>• Proportion of all category A calls responded to within 19 minutes</li> <li>• Proportion of calls presented to the switchboard that are abandoned before being answered</li> <li>• Hear and treat</li> <li>• See and treat</li> </ul>	NHSE	Monthly trend over 12-months
Acute hospital overnight bed occupancy	NHSE (KH03)	Quarterly averages over a year
General Practice Extended Access	NHSE	Snapshot at March 2017
Provision of adult social care (ASC) services per population – care home beds and domiciliary care agencies (DCA) locations per population aged 65+	CQC data warehouse ONS mid-year LA population estimates	As at point of extraction from CQC data warehouse

Indicator name	Source	Time Period
Change in provision of ASC services – change in number of care home beds and DCA locations since April 2015	CQC data warehouse	As at point of extraction from CQC data warehouse
Rate of admissions of older people to residential and nursing care homes for long-term support needs	ASCOF	Four-year trend
Acute trust staff turnover	Electronic staff record	12-month snapshot
ASC staff vacancy and turnover rates	Skills for Care workforce intelligence analysis team	Four-year trend
Acute trust financial performance against plans	NHS Improvement	Quarterly trends over a year
GP practice funding	NHS Digital	Three-year trend
ASC funding	CQC provider information returns	As at point of extraction from the CQC server
Health-related quality of life for people with long-term conditions	NHS Digital, NHS Outcomes Framework	Five-year trend
Proportion of people feeling supported to manage their long-term condition	NHS Digital, NHS Outcomes Framework	Five-year trend
Social care-related quality of life score	ASCOF	Three-year trend
Overall satisfaction of people who use services with their ASC care and support	ASCOF	Four-year trend
Proportion of people aged 65+ who use adult social care services who find it easy to find information about support	ASCOF	Four-year trend



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